2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002
Secretary of State

DOCUMENT# P21653

Entity Name: A & B PROCESS SYSTEMS CORP.

Current Principal Place of Business:

201 S WISCONSIN AVENUE
STRATFORD, WI 544840086 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 86
STRATFORD, WI 544840086 US

New Mailing Address:

FEI Number: 39-1216094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CTD ( ) Delete
Name: HILGEMANN, ANTHONY J.
Address: 1382 PLUM LANE
City-St-Zip: MOSINEE, WI

Title: VSD ( ) Delete
Name: HILGEMANN, WILLIAM A, .
Address: BALSAM ROAD
City-St-Zip: STRATFORD, WI

Title: V ( ) Delete
Name: FRODL, NANCY J.,
Address: HIGHWAY 153 EAST
City-St-Zip: STRATFORD, WI

Title: P ( ) Delete
Name: LINZMEIER, GLENN R.
Address: 11757 SUNSET DRIVE
City-St-Zip: MARSHFIELD, WI

Title: V ( ) Delete
Name: GEHRKE, BRIAN K
Address: 410 N AUBURN AVE
City-St-Zip: MARSHFIELD, WI

Title: T ( ) Delete
Name: HERMEIER, JOHN A
Address: 4041 STURN RD
City-St-Zip: STRATFORD, WI 54484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: HILGEMANN, ANTHONY J.
Address: 1382 PLUM LANE
City-St-Zip: MOSINEE, WI

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY J. FRODL V 01/08/2002

Electronic Signature of Signing Officer or Director — Date

JAMES P. BANKS, VP SALES & MARKETING
11884 SUNSET DRIVE
MARSHFIELD, WI 54449